



This policy order is to be completed during the initial assessment by the nurse.

- The CDC Vaccination Information Sheets (VIS) for Pneumococcal and Influenza vaccine have been given to the Patient/Sponsor/Guardian prior to vaccine assessment.

Verification Signature: _____, RN/LPN Date _____
 Note -- VIS available in all languages; www.immunize.org/vis

1. Risk Assessment: Choose Appropriate Vaccine(s)

Pneumococcal Vaccine

(Screen & offer YEAR ROUND)

- Age **65** years or older *or* has chronic illness -
CONTINUE TO STEP 2
See page 2 for list of chronic illnesses
- Under **65** years of age - STOP SCREENING

Influenza Vaccine

(Screen & offer Oct through March ONLY)

- Screen all patients

2. Vaccination Status or Contraindications: Check all that apply

Pneumococcal vaccine not indicated if any of the following:

- Previously immunized after age 65, but not more than five years ago
- Previously immunized before age 65, and within the last five years
- Reported allergy to vaccine
- Currently undergoing chemotherapy or radiation
- Patient declines: Patient/Sponsor/Guardian **to sign Declination Form**
- Patient /Sponsor/Guardian refuses to sign the Declination form

If any of the above checked, stop.

Influenza vaccine not indicated if any of the following:

- Previously immunized this flu season
- Ever had a serious allergic reaction to eggs
- Previous serious reaction to influenza vaccine
- History of Guillain-Barre syndrome (discuss with physician)
- Currently undergoing chemotherapy or radiation
- Patient declines: Patient/Sponsor/Guardian **to sign Declination Form**
- Patient /Sponsor/Guardian refuses to sign the Declination form

**** Unknown vaccination history is NOT a contraindication. If unable to determine vaccination status, continue to step 3.****

Screening Completed By: _____, RN/LPN Date: ___/___/___

If no contraindications, per LMC policy, CONTINUE TO STEP 3:

3. Vaccination Decision:

- Pneumococcal Vaccine Is Indicated:**
 - Administer Pneumococcal vaccine 0.5 ml IM in deltoid
 - Initial MAR

- Influenza Vaccine Is Indicated:**
 - Administer Influenza vaccine 0.5 ml IM in deltoid
 - Initial MAR

****Scan form to Pharmacy if Vaccination is Indicated****

Both vaccines may be given at the same time, in opposite arms